Authorization Form for Checkout

Dear I	Hall Administration Office,	
I, (nan	ne & student ID)	, hereby authorize (name & PolyU
		to complete
the fo	rmal check out procedures on my behalf	on (date):
1.	Pack my personal belongings;	
2.	Dispose debris left in my bed space (i etc.);	ncluding bed, desk, wardrobe, drawers, bookshelves,
3.	Conduct inventory checking in my bed	space;
4.	Confirm the checking on the online inv	entory checklist and sign;
5.	Complete and sign on the withdrawal f	orm at the Reception.
	_	with my roommate so that s/he will lock up his/her
valuak	ples in the drawer and remove any perso	nal belongings from my bed space beforehand.
I unde	erstand that the mere act of moving-out	or returning the key-card without the completion of
	I check-out procedures shall not constitual fee up until the date on which official	ute the withdrawal from Hall residence, and I shall pay check-out procedures are completed.
my be	d space, or any loss or damage of belon	curred by any loss or damage to the inventory items of gings incurred by the entry of my authorized person. If anagement Office disclaim liability for the above.
Please	e find a photocopy of my student ID card a	attached for your record. Thank you for your attention.
Name	of student:	Student ID:
Signat	ure:	Date: